

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
ATTN: DOCKETING DEPARTMENT  
101 EXECUTIVE CENTER DRIVE  
COLUMBIA, SOUTH CAROLINA 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)  
Office # (803) 896-5100 - Fax # (803-896-5199)

178875

CLASS C-TAXI 2006-77-T DATE 3-8, 20 06

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Esteban Gomez

2. (a) Street Address of Applicant 153 ROSELAND DRIVE

SALUDA, SC 29138

- (b) Mailing address, if different from street address SAME AS ABOVE

- (c) Telephone Number 804-445-7369 SS No. \_\_\_\_\_

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

NONE

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

RECEIVED  
MAR 08 2006  
PSC SC  
DOCKETING DEPT.

Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:  
Month: \_\_\_\_\_ Year: \_\_\_\_\_

Assets:	
Cash	
Receivables	500.00
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	0
Garage Equipment-Net	1500.00
Machinery and Tools-Net	0
Supplies on Hand	0
Prepaids and Other Assets	0
Total Assets	0
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	2000.00

I, Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol. 26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Estaban Gomez, Owner  
(Name of Applicant's Representative) (Title)

I, Estaban Gomez, the Applicant for the Certificate of Public  
(Applicant)

for Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

I, Leesville, SC  
This is the 8 day of March 20 06  
Johna Bell  
(Notary Public)

Estaban Gomez  
(Signature of Applicant's Representative)

Commission Expires: 6-2007

EXHIBIT C

CLASS C

TAXI ☒CHARTER ☐

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Esteban Gomez

For the transportation of passengers as follows:

Area to be served: Lexington  
SALUDA & AEEA CountiesNumber of passengers: 7Fares: 20.00Date 3-1-06 By Esteban GomezTitle DWNER

R v.10/03

**EXHIBIT D**

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

### DESCRIPTION OF EQUIPMENT

[illegible]<sup>2</sup> seats if passenger carrier.

Esteban Gomez

(Applicant)

1) te; \_\_\_\_\_

Esteban Gomez

(Applicant's Representative)

Owner

(Title)

**INSURANCE QUOTE**

The following insurance quote is for:

Esteban Gomez  
(Name of Motor Carrier)153 Roseland Drive CALUDA, SC 29138  
(Address of Motor Carrier)**Amount of Premium:**Liability Insurance 2200.00 YEARThe above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

1 - 7 passengers	-	25,000/50,000/10,000
8 - 15 passengers	-	25,000/100,000/10,000

Columbia Ins. Co.  
(Insurance Company Name)(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/8/06  
DateLaura Eck  
(Authorized Insurance Company Representative)